(270)

FOR NO.: 0918-

STATE PLAN UNDER TITLE XIZ OF THE SOCIAL SECURITY ACT

NEW YORK

RESCRIBER LEVELS (CONLINEED)

B. MOICHLY MEEDY

Applicable to all group" -

Except those specified below under the provisions of section 1902(f) of the Act.

Zamily Sism	Researce Level
	3,550
	5,150
1	5,200
	5,250
4	5,950
	6,800
	.7,650
	8,500
	9,350
10	10,200
For each additional person	850

TH No. 99 Approved Date TH No. 99 Approved Date	MAR 3 1 2000	Effective Date	OCT N	1999
THE INC.		MCFA ID: 79858	,	

(870)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Family Net income level Amount by which Net income level Amount by wi Size protected for Column (2) for persons Column (4) maintenance for exceeds limits living in exceeds limits	mily Not income level Amount by which Column (2) maintenance for exceeds limits specified in 42 CFR anonths 435.1007 435.10007 435.10007 435.10007 435.10007 435.10007 435.10007 435.10007 435.				group income le listed on an at	tached page 3.
// urban only 435.1007 435.100	urban only 435.1007 4		protected for maintenance for	Column (2) exceeds limits specified in	for persons living in rural areas for	exceeds limits specified in
7,100 10,300 -10,400 10,500	7,100 10,300 -10,400 10,500 For each ddi-ional erson, 4d: \$1,700 The agency has methods for excluding from its claim for FFF payments made on behalf of individuals whose income_exceeds	口	urban only			
10,300 -10,400 10,500 Por each	10,300 -10,400 10,500 For each ddi- ional erson, dd: \$1,700 The agency has methods for excluding from its claim for FFF payments made on behalf of individuals whose income_exceeds	LXI	urben & rural			
10,400 10,500 Por each	-10,400 10,500 For each idi- ional erson, id: \$1,700 The agency has methods for excluding from its claim for FFF payments made on behalf of individuals whose income_exceeds		1 7,100			
10,500 Por each	Tor each ddi- ional erson, dd: \$1,700 The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income_exceeds	_2_	10,300	<u> </u>		
	For each ddi- ional erson, dd: \$1,700	3	10,400			
■* · · · · · · · · · · · · · · · · · · ·	odi- ional erson, dd: \$1,700 The agency has methods for excluding from its claim for FFF payments made on behalf of individuals whose income_exceeds	4	10,500		,	\$.
tional	The agency has methods for excluding from its claim for FFF payments made on behalf of individuals whose income_exceeds	edd1-	ch			
person, add: \$1,700 \$ \$	The agency has methods for excluding from its claim for FFF payments made on behalf of individuals whose income_exceeds	•				S
THE NO. 17 1 AND DATE JAN 29 1999 Effective Date JAN	Supersedes Approval Date Eliettive Date	in m.			1999	

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Revision: HCFA-PN-91-6 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A AUCUST 1991 CHE No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State _ NEW YOLK INCOM LEVELS (Continued) D. HEDICALLY HEEDY (1) (2) Pasily Net income level protected for Asount by which 3120 141 Net income level Column (2) exceeds limits meintenence for Asount by which for persons living in Column (4) _000204 specified in specified in reral eseas for J urben only 42 CFR 435.1007 BONTHE 42 CFR 435.1007¥ △ urban a rural \$ 11,900 \$ 13,600 e 15,300 \$ 17.000 18,700 20,400 For each edditionel DOLLOS, 1.700 The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds MAR 3 1 2000 APPEOVAL DATE Effective Date OCT , HCPA ID: 7985E

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AUGUST 1991	Page 1 OMB No.: 0938-
STATE PLAN	UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: New	York
	RESOURCE LEVELS
CATEGORICALLY NEED	Y GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
1. Pregnant Women	•
a. <u>Mandatory Gr</u>	oups
∠/ Same as	SSI resources levels.
\sqrt{x} Less re	strictive than SSI resource levels and is as follows:
Family Siz	e Resource Level
	No resource test
	No resource test
b. Optional Gro	ups
$- \cancel{\cancel{L}}$ Same as	SSI resources levels.
<u>/</u> ▼ Less re	strictive than SSI resource levels and is as follows:
Family Siz	e Resource Level
	No resource test
	No resource test

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

9 = 79B			
TN No. S7-35A Approval Date J	M 26 1994 Effect	tive Date	OCT 0 1 1991
TN No. 87-35A	HCFA :	ID: 7985E	

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Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

New York

2. Infants

a. Mandatory Group of Infants

Same as resource levels in the State's approved AFDC plan.

<u>/x/</u> Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	No resource test
_2	
3	
4	
5	
8	
9	
10	

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TN No.	Approval	Date	JUN 26 1992	Effective	Date	OCT 0 1 1991
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Revision: HCFA-PM-91-4 AUGUST 1991

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SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

b. Optional Group of Infants

 $\sqrt{/}$ Same as resource levels in the State's approved AFDC plan.

 $\sqrt{X/}$ Less restrictive than the AFDC levels and are as follows:

Resource Level
No resource test

	9	1-7	9B		
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		STATE	PLAN U		TITLE	XIX OF	THE :	SOCIAL	SECU	RITY	ACT	
3.	Chi a.	of th	ntory (. (Ch	ildren	ldren who has	under ve ati	Secti tained	on 19 age	02(a 1 bu)(10)(i)(t have no	VI)
		<u>x</u>	Les	8 8 re							pproved A	-
		Fami:	ly Size	<u>e</u>			-	o resc			:	
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TN No. Supersedes Approva	11 Date JAN 2 0 1993	_ Effective Date	APR 1 - 1992
TN No. 91-79B			

Revision: HCFA-PM-92 -2 (MB) MARCH 1992

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	New York	
b.	of the Act	Group of Children und . (Children born aft ge 6 but have not at	der Section 1902(a)(10)(i)(VII) er September 30, 1983 who have tained age 19.)
	Sar	me as resource level	s in the State's approved AFDC plan
	X Le	ss restrictive than	the AFDC levels and are as follows:
	Family Siz	<u>e</u>	Resource Level
	1		No resource test
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		

Approval Date JAN 2 0 1993 Effective Date APR 1 - 1992 Supersedes App TN No. 91-79B

Revision:	HCFA-PM-91-4 (B AUGUST 1991	SPD) SUPPLEMENT 2 TO ATTACHMENT Page 6 OMB No.: 0938-	2.6-A
	STATE PLAN UNDER State: New York	TITLE XIX OF THE SOCIAL SECURITY ACT	
4. Age	d and Disabled Indi	viduals	
<u> </u>			
_7		e than SSI levels and are as follows:	
	Family Size	Resource Level	
	1		
	3		
	4		
	5		
			•
_ <u>x</u>	Same as medically	y needy resource levels (applicable only needy program)	if State
	0		
TN No 91	-79B	007	1004
Supercedes	NEW Approval Da	JUN 26 1992 Effective Date 001 01	1991

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HCFA ID: 7985E